

Strengthen the Array of Services and Supports (Expanding the Range of Options)

Long Term Care Commission
Strategic Planning Meeting
January 27, 2009

Long Term Care Task Force Recommendation

Establish an accessible, integrated service system that assures those in need of supports and services have a range of options that allow them to live where they choose. Within an assessed level of need, consumers should have a menu of services and settings to choose from based on their individual preference. Service delivery should be coordinated with existing providers and payers, including private payers, and provided in a wrap-around capacity. (In the case of persons who desire to work, this includes services and supports for vocational and employment activities.)

Strategy/Action Step #1

Ensure the availability of the health and long-term care services and supports as part of an integrated system of care.

Strategy/Action Step #2

Immediately amend the MI Choice waiver to allow the provision of waiver services to individuals residing in licensed assisted living settings including adult foster care homes and homes for the aged. In addition to this short-term strategy, take measures to ensure that all future comparable Medicaid programs allow supports and services to follow consumers into their preferred living arrangement (money follows the person).

Strategy/Action Step #3

Revise Adult Foster Care (AFC) and Homes for the Aged (HFA) rules and regulations to allow for the provision of home health care in AFCs and HFAs on an ongoing basis.

Strategy/Action Step #4

Consider creating a HFA statute separate from the Public Health Code.

Strategy/Action Step #5

Create an Assisted Living Regulatory and Education Workgroup and charge with the following tasks:

- a. Study and propose modifications to existing adult foster care and home for the aged state statutes and administrative rules for the purpose of ensuring that they meet with the Task Force's stated philosophies and principles of quality and accountability; person-centered planning; money following the person and the availability of Medicaid reimbursement in assisted living (such as the MI Choice waiver or comparable community-based benefits).
- b. Study the array of unlicensed assisted living arrangements. Determine whether existing licensing statutes are appropriately enforced to uphold the philosophies and principles stated above.
- c. In cooperation with other Task Force initiatives, develop consumer education materials to be used by SPE agencies and others to raise consumer awareness about the full array of assisted living services using clear distinctions regarding the applicable state regulations.
- d. Determine the feasibility and appropriateness of developing a legal definition of "assisted living" to allay public confusion as to the meaning of the term and its current use in describing a wide variety of licensed and unlicensed settings.

Benchmark #1

Array of services is expanded for consumers.

Benchmark #2

Amendment of existing MI Choice waiver to allow the provision of waiver services to individuals in licensed assisted living settings.

Benchmark #3

Creation of an Assisted Living Regulatory and Education workgroup to study issues related to definition, licensure, and regulation, and to suggest ways to amend them to remove barriers that limit services in assisted living facilities.

COMPARISON OF LONG TERM CARE TASK FORCE RECOMMENDATIONS AND CURRENT GRANTS OPERATED THROUGH THE OFFICE OF LONG TERM CARE SUPPORTS AND SERVICES

Recommendation #1: Require and Implement Person-Centered Planning Practices

LTC Task Force Recommendation Strategy	Systems Transformation Grant
<p>Recommendation #1, Strategy #1 Require implementation of person-centered planning in the provision of LTC services and supports. Include options for independent person-centered planning facilitation for all persons in the LTC system.</p>	<p>Goal #2, Objective #1, Strategy #3 Ensure that the State operates under a PCP process in all facets of the waiver operation. Apply the principals of PCP to: 1) individual identifies goals, needs and preferences; 2) developing and managing the plan to meet goals; 3) managing risks; 4) planning for emergencies, 5) developing the individual budget; and 6) applying monitoring strategies through the creation of:</p> <ul style="list-style-type: none"> • Definitions for above six domains • Policy to implement the six domains • Monitoring system to ensure the application of the policy
<p>Recommendation #1, Strategy #2 Revise health facility and professional licensing, certification criteria, and continuing education requirements to reflect a commitment to organizational culture change, person-center processes, cultural competency, cultural sensitivity and other best practices.</p>	
<p>Recommendation #1, Strategy #3 Require all Single Point of Entry agencies to establish and utilize person-center planning in their operations. Review and refine practice guidelines and protocols as part of the first year evaluation of the SPE pilot projects.</p>	
<p>Recommendation #1, Strategy #4 Include person-centered planning principles in model legislation to amend the Public Health Code.</p>	
<p>Recommendation #1, Strategy #5 Early in the implementation process, ensure the provision of training on person-centered planning to long-term care providers, regulators, advocates, and consumers.</p>	<p>Goal #2, Objective #1, Strategy #4 Develop and implement multiple layers of training on person-centered planning to accomplish the shift in attitudes and practices necessary for a person-centered approach throughout the LTC system.</p> <ul style="list-style-type: none"> • Develop training curriculum using: Independent facilitation and Participant experiences/stories • Develop peer mentoring for PCP • Identify training methods (written manuals, web-based, CD physical attendance, others) • Evaluate training and techniques with consumer/advocate involvement.
<p>Recommendation #1, Strategy #6 Require a continuous quality improvement process to ensure continuation and future refinement of person-centered planning in all parts of the system.</p>	<p>Goal #2, Objective #1, Strategy #1</p> <ul style="list-style-type: none"> • Establish minimum standards and performance indicators directly related to PCP • Promulgate practice guidelines • Develop a roll-out strategy for practice guidelines

LTC Task Force Recommendation Strategy	Systems Transformation Grant
	<ul style="list-style-type: none"> • Distribute practice guidelines according to roll-out strategy • Identify resources for sustainability of practice guidelines <p>Goal #2, Objective #1, Strategy #2</p> <ul style="list-style-type: none"> • Establish a stakeholder work group to develop review criteria • Draft review criteria • Field test criteria • Modify review criteria based on testing and evaluation • Identify resources and personnel to train, perform and enforce the reviews • Modify provider agreements/contracts to require compliance <p>Goal #2, Objective #1, Strategy #5</p> <p>Evaluate the implementation of person-centered planning to determine if goals of improving participant quality of life and system reform are achieved for individuals.</p> <ul style="list-style-type: none"> • Develop participant surveys to obtain participant feedback on the PCP process and the quality of the LTC service delivery system. • Identify work group of consumers, advocates and other stakeholders to research, draft and evaluate the survey • Research existing surveys (state and national) • Identify core elements and population/community specific elements. • Develop draft participant survey • Field test survey • Conduct board-based surveys. • Collect data on findings, analyze and publish results. <p>Goal #2, Objective #1, Strategy #6</p> <p>Evaluate the implementation of the PCP to determine if goals for system reform are achieved system-wide.</p> <ul style="list-style-type: none"> • Identify quantifiable measures • Identify outcome measures in QM plan • Identify and reduce resource barriers to limit choice and control • Develop an effective and realistic strategy to measure outcomes • Include PCP requirements in contracts with waiver agencies. • Include PCP measure in site monitoring protocols, case record reviews and consumer interviews • Include PCP implementation in peer mentoring conducted within waiver agencies

Recommendation #2: Improve Access by Adopting “Money Follows the Person” Principles

LTC Task Force Recommendation Strategy	Systems Transformation Grant
Recommendation #2, Strategy #1 Establish consistent spend down provisions across all long-term care settings.	
Recommendation #2, Strategy #2 Establish funding mechanisms that abide by the “money follows the person” principle.	
Recommendation #2, Strategy #3 Amend and fund the MI Choice waiver to serve all eligible clients.	
Recommendation #2, Strategy #4 Establish reimbursement levels that realistically and appropriately reflect the acuity level and need for services and supports the client needs, consistent with federal limitations. (An immediate step would be to remove the current reimbursement cap on the MI Choice waiver.)	<p>Goal #5, Objective #2, Strategy #1 Develop risk adjusted payment models for all long-term care programs.</p> <ul style="list-style-type: none"> • Obtain information about case mix payment systems in other states. • Complete pilot tests and budget analysis of the payment method. • Conduct a study of Home Help Program (state plan personal care) individuals eligible for nursing facility level of care. • Examine options for including high-needs state plan personal care into a risk adjusted model for agency provider payments. • Develop and implement Medicaid policies that assure that the assessment produces a risk adjusted payment for all SPE Medicaid eligible consumers for all programs. <p>Goal #5, Objective #2, Strategy #2 Using a single integrated assessment instrument, addressed under Goal 1, develop and implement a model that assigns risk adjusted payment rates that apply to all long term care options.</p> <ul style="list-style-type: none"> • Review other states experience on developing and implement risk adjusted payment methodology • Define the elements from assessment tool that contribute to a risk adjusted payment methodology • Develop methodology to weight elements • Identify contractor to develop case mix methodology • Develop methodology to transition facilities to new rate system.
	<p>Goal #2, Objective #2, Strategy #1 Develop state level guidance on the development and implementation of individual budgets</p> <ul style="list-style-type: none"> • Develop a model tool or formula that provides for a fair distribution of resources for all participants in all areas of the state based on PCP principals. • Revise policy and practices based on feed-back from broad-based review. • Re-disseminate policy and practices for second review and comment. • Revise policy and practices based on feedback. • Pilot the electronic management of the individual budget • Develop an individual budget roll-out plan of the policy and practices to

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	<p>include statewide training</p> <ul style="list-style-type: none"> • Evaluate the individual budget process (including the electronic application) annually through participant surveys and other feedback methods • Obtain participant feedback on individual budget process • Develop the means by which individuals have the ability to track balance of individual budget.
	<p>Goal #2, Objective #2, Strategy #2 Develop and implement state level training and technical assistance on budget development to increase understanding of individual budgeting and how it supports the goals of the system transformation.</p> <ul style="list-style-type: none"> • Use the individual budgeting work group to develop training and technical assistance strategies. • Draft pilot training curricula for the individual budget process including electronically monitoring. • Identify resources to conduct and support training activities to ensure sustainability. • Identify a continuous monitoring and reporting process to oversee the quality of the individual budgeting system. • Conduct training • Perform site reviews to determine if participants are informed of the methodology used to calculate and manage their individual budget • Investigate training methodologies? Manual? Web-based? CD? Physical Attendance? All? • Evaluate training and techniques • Modify training approach as needed based on the evaluation • Ensure consumers/advocates drive the reviews of these activities.

Recommendation #3: Create Single Point of Entry Agencies for Consumers

LTC Task Force Recommendation Strategy	Systems Transformation Grant
<p>Recommendation #3, Strategy #1 Determine financial eligibility through the appropriate state agency. The process of determining eligibility also helps capture other public and private assistance programs for which the person is eligible. The SPE agencies will provide assistance to consumers in working through the eligibility application process. Single points of entry can facilitate speedier processing and identify barriers to processing. SPE agencies should work with other agencies to resolve barriers found in the system.</p>	<p>Goal #1, Objective #2, Strategy #1 Establish an interagency access project team to streamline financial and functional eligibility and assessment processes.</p> <ul style="list-style-type: none"> • Explore best practices. • Explore possible policy changes across agencies. • Prioritize systems changes needed for electronic Medicaid financial application. Ensure compatibility with new DHS and DCH computer systems. • LOC Determination electronic system must be changed to accommodate SPE demos.
<p>Recommendation #3, Strategy #2 Make supports coordination a key role of the SPE agencies. Consumers have the ability to change supports coordinators when they feel it is necessary to do so. Individuals should develop their support plans through the person centered planning process. If the consumer chooses a supports coordinator from outside of the agency, the outside supports coordinator is held to the same restrictions on financial interest and should be held to same standards as SPE supports coordinator. The SPE retains the responsibility of authorizing services.</p> <ol style="list-style-type: none"> The consumer can choose to have their supports coordinator broker their services or may broker their own services – whichever they prefer. The SPE agency will develop a protocol to inform consumers of their right to change supports coordinators. Establish methodologies to facilitate consumer control of what, by whom, and how supports are provided. Included will be methodologies for consumers to control their budgets or authorizations. 	
<p>Recommendation #3, Strategy #3 Make LTC transition a function of the SPE agencies. This service helps consumers make decisions about their own lives and facilitates a smooth transition between settings as their needs and preferences change.</p>	<p>Goal #1, Objective #3, Strategy #1 Develop capacity to provide short-term critical intervention to stabilize situations for individuals at imminent risk of nursing facility placement.</p> <ul style="list-style-type: none"> • Explore best practices from other states. • Explore better collaborations with other organizations for example: APS, facility closure teams • SPE identifies data elements to document gaps in service related to short term stabilization. • SPE regional needs planning standards include direction for identification and service planning related to gaps in short term crisis services. • Expand state-wide. <p>Goal #1, Objective #3, Strategy #4 Identify individuals in nursing facilities with high potential for transition.</p>

LTC Task Force Recommendation Strategy	Systems Transformation Grant
	<ul style="list-style-type: none"> • Offer transition services based on individual responses to the MDS. • Self-referrals to SPEs. • Develop policies and best practice guidelines for nursing homes. • Finalize policies and best practice guidelines for waiver agents. • Develop template MOUs for nursing home transitions for nursing homes and SPEs. • Expand state-wide.
<p>Recommendation #3, Strategy #4 Balance LTC through proactive choice counseling. The goal of proactive choice counseling is to catch people with LTC needs at key decision points (such as hospital discharge) and provide education and outreach to help them understand their options. Involve hospital administrators and social workers in developing protocols for the two systems to work together. This will involve outreach by the SPE to hospitals to explain their functions and benefits. Do outreach to the local physician community as well as other interested parties (Adult Protective Services, police, and others) working in settings where critical decisions are made about long-term care.</p>	<p>Goal #1, Objective #2, Strategy #3 Develop and implement policies that support early assessment and options planning with individuals whose course of care will likely include nursing facility services.</p> <ul style="list-style-type: none"> • Compile information about other states policies and legislation mandating LOC screening and options planning for the non-Medicaid population. • Develop data models that can assess asset depletion for Medicare and private pay individuals to predict candidates for early assessment. • Expand state-wide. <p>Goal #1, Objective #3, Strategy #2 Develop a targeting methodology and implement an information and assistance strategy for individuals pending hospital discharge.</p> <ul style="list-style-type: none"> • Identify characteristics of hospitalized persons like to need LTC services. • Identify specific ways for consumers to work closely with staff to explore a variety of care options. • Partner with accreditation organizations. • Implement PA 634 requiring person seeking Medicaid funding of LTC services go through a SPE. • Develop MOUs between hospitals and SPEs to match consumers with options counselors. • Expand state-wide. <p>Goal #1, Objective #3, Strategy #3 Develop a targeting methodology and implement an information and assistance strategy for identifying individuals in the community who are at risk for unwanted, avoidable institutionalization.</p> <ul style="list-style-type: none"> • Inform individuals of all options and choices. • Identify characteristics of individuals in the community likely to need LTC services. • Educate volunteers and service organization staff to identify individuals in target population; establish partnerships and feedback loop. • Identification of key resources that prevent placement in unwanted residential settings. • Expand state-wide.
Recommendation #3, Strategy #5	Goal #1, Objective #1, Strategy #4

LTC Task Force Recommendation Strategy	Systems Transformation Grant
<p>Mandate use of the SPE agency for individuals who seek to access Medicaid-funded programs. Individuals who are private pay will be able to access all the services of the SPE agency. The Information and Referral/Assistance functions will be available to everyone at no cost. Private pay individuals may have to pay a fee to access other SPE services (such services may be covered by long-term care or other insurance, however). LTC providers will be required to inform consumers of the availability of the SPE agency.</p>	<p>Implement policy that provides assessment, level-of-care determinations and options counseling through a network of single point of entry entities.</p> <ul style="list-style-type: none"> • Evaluate SPE performance on consumer satisfaction and cost effectiveness. • Develop policy requirements for mandatory LOC screening for all Medicaid eligibles through the SPE network. • Expand SPE service network for state-wide.
<p>Recommendation #3, Strategy #6 Make a comprehensive assessment, or level of care tool, (developed by the proposed LTC Administration) available from the SPE agencies to determine functional eligibility for publicly funded LTC programs including Home Help, Home Health, Home and Community Based Services waiver (MI Choice), and nursing facilities. SPE agencies will use the Comprehensive Level of Care Tool for <u>all</u> persons coming to the SPE for assessment. The LTC Administration or MDCH is responsible for the development of the comprehensive tool. The SPE is responsible for ensuring the Preadmission Screening and Annual Resident Review (PAS/ARR) screen is done by the responsible agency when appropriate.</p>	<p>Goal #1, Objective #2, Strategy #2 Develop a functional assessment and planning process that incorporates person-centered planning, is comprehensive, modular and meets multiple consumer, provider and state needs.</p> <ul style="list-style-type: none"> • Identify existing information collected among long term care programs. • Identify and define core elements that will be assessed • Identify and develop modular component assessments • Develop and test the instrument • Provide guidance and training to SPE staff • Identify systemic barriers to change • Define SPE responsibilities for eligibility assessment and planning. • Seek broad stakeholder buy-in. • Explore, make available and promote consumer self assessment and planning opportunities including benefits check-up. • Expand use of modular assessment state-wide.
<p>Recommendation #3, Strategy #7 Require providers of LTC services to offer the Level of Care Determination Tool to private pay consumers. If a provider feels it cannot perform this assessment for the consumer, the provider should avail itself to the SPE agency's ability to perform this function.</p>	
<p>Recommendation #3, Strategy #8 Locate functional eligibility determination in the SPE agencies as long as there is aggressive state oversight and quality assurance including: 1) SPE agency required procedures to prevent provider bias and promote appropriate services; 2) SPE agency supervision, monitoring, and review of all assessments and support plans/care coordination; 3) state quality assurance monitoring; and 4) consumer advocate and ombudsman monitoring.</p>	<p>Goal #1, Objective #1, Strategy #4 Implement policy that provides assessment, level-of-care determinations and options counseling through a network of single point of entry entities.</p> <ul style="list-style-type: none"> • Evaluate SPE performance on consumer satisfaction and cost effectiveness. • Develop policy requirements for mandatory LOC screening for all Medicaid eligibles through the SPE network. • Expand SPE service network for state-wide.
<p>Recommendation #3, Strategy #9 The SPE agencies cannot be a direct provider of services to eliminate the tendency to recommend its own services to consumers and any other conflicts of interest. (An exceptions process must be developed to address service shortfalls, but in no event shall a SPE be a direct provider of Medicaid services.) The case management currently done by Waiver agents would be provided through SPE agencies under this system. The case management</p>	

LTC Task Force Recommendation Strategy	Systems Transformation Grant
<p>done by Department of Human Services (DHS) for Home Help would be provided through SPE agencies in this system. SPE agencies will encompass the entire array of Medicaid funded LTC supports.</p>	
<p>Recommendation #3, Strategy #10 The funding for defined single points of entry is estimated to be between \$60 and \$72 million statewide. Of this total, approximately \$31 to \$36 million represents “shifted” dollars from current case management resources, while the remaining amount reflects newly committed dollars needed for this purpose. The annual state share of newly committed dollars upon full implementation (at the end of year 3) will be \$15 to \$20 million. The Medicaid administrative matching formula should be used as the means of funding the SPE system.</p> <p>The SPE system will be phased-in over a three-year period. The estimate for first year costs for three SPE agencies is \$12 to \$16 million total funds. The State’s GF contribution would be \$6 to \$8 million of which \$3 to \$4 million would be cost-shifted. SPEs will be routinely evaluated to ensure the needs of consumers are being met effectively and efficiently. A system wide efficiency gain of 1.7% in LTC expenditures as a result of establishment of single points of entry will fund the entire state system.</p>	
<p>Recommendation #3, Strategy #11 Develop a standard set of training and certifying criteria for SPE agencies set by the state. By establishing a standard set of certifying criteria, the state will be able to establish quality assurance measures that will provide consistency for consumers and stakeholders. Part of the standard criteria should be a demonstrated knowledge of local and regional resources to supplement Medicaid-funded supports.</p>	
<p>Recommendation #3, Strategy #12 Standardize the tools used by SPE agencies to allow for portability of benefits for the consumer if they move between regions as well as standardization of data collection for the state.</p>	
<p>Recommendation #3, Strategy #13 Ensure access to bilingual and culturally competent staff at single points of entry that are trained according to the requirements of the SPE agencies.</p>	
<p>Recommendation #3, Strategy #14 Implement a quality assurance function focused on the SPE agency that emphasizes, but is not limited to, measures of consumer satisfaction.</p>	
<p>Recommendation #3, Strategy #15 The state needs to establish a comprehensive oversight system to ensure that all LTC consumers receive those supports and services set forth in their person-centered plan in a timely manner and that the supports and services are of the highest quality possible. Quality in this context will be measured by the consumer’s satisfaction or lack thereof with the supports as provided.</p>	
<p>Recommendation #3, Strategy #16</p>	<p>Goal #1, Objective #1, Strategy #5</p>

LTC Task Force Recommendation Strategy	Systems Transformation Grant
<p>Expand advocacy processes for all LTC consumers. An advocate must be designated and legally granted the duty and authority to advocate on behalf of individual long-term care consumers, since much expertise is required for effective advocacy. The advocacy function also needs to have a systemic approach to advocacy, similar to that performed by the State Long-Term Care Ombudsman or Michigan Protection and Advocacy Services. This more systemic approach would provide greater opportunity for the advocacy group to determine if there are any patterns of policy violations by SPE agencies or for patterns of misunderstandings of the policies by consumers or providers.</p>	<p>Convene stakeholder group to develop a model and implementation plan to establish an independent advocate.</p> <ul style="list-style-type: none"> • Independent advocate options include consumers and peers. • Consumer input to plan is fully considered. • Plans with multiple approaches to independent advocate use multiple agency input.
<p>Recommendation #3, Strategy #17</p> <p>Develop grievance and appeals processes that empower LTC consumers to challenge any denial of a requested support or any reduction, termination, or suspension of a currently provided support. The grievance process must be available not only for those issues, but also for issues not typically subject to the appeals process (such as the choice of provider).</p>	

Recommendation #4: Strengthen the Array of Services and Supports (Expanding the Range of Options)

LTC Task Force Recommendation Strategy	Systems Transformation Grant
<p>Recommendation #4, Strategy #1 Ensure the availability of the health and long-term care services and supports (listed on Chart 1) as part of an integrated system of care.</p>	
<p>Recommendation #4, Strategy #2 Immediately amend the MI Choice waiver to allow the provision of waiver services to individuals residing in licensed assisted living settings including adult foster care homes and homes for the aged. In addition to this short-term strategy, take measures to ensure that all future comparable Medicaid programs allow supports and services to follow consumers into their preferred living arrangement (money follows the person).</p>	
<p>Recommendation #4, Strategy #3 Revise Adult Foster Care (AFC) and Homes for the Aged (HFA) rules and regulations to allow for the provision of home health care in AFCs and HFAs on an ongoing basis.</p>	
<p>Recommendation #4, Strategy #4 Consider creating a HFA statute separate from the Public Health Code.</p>	
<p>Recommendation #4, Strategy #5 Create an Assisted Living Regulatory and Education Workgroup and charge with the following tasks:</p> <ol style="list-style-type: none"> Study and propose modifications to existing adult foster care and home for the aged state statutes and administrative rules for the purpose of ensuring that they meet with the Task Force's stated philosophies and principles of quality and accountability; person-centered planning; money following the person and the availability of Medicaid reimbursement in assisted living (such as the MI Choice waiver or comparable community-based benefits). Study the array of unlicensed assisted living arrangements. Determine whether existing licensing statutes are appropriately enforced to uphold the philosophies and principles stated above. In cooperation with other Task Force initiatives, develop consumer education materials to be used by SPE agencies and others to raise consumer awareness about the full array of assisted living services using clear distinctions regarding the applicable state regulations. Determine the feasibility and appropriateness of developing a legal definition of "assisted living" to allay public confusion as to the meaning of the term and its current use in describing a wide variety of licensed and unlicensed settings. 	
	<p>Goal #1, Objective #2, Strategy #4 Develop a mechanism for sharing information among providers.</p> <ul style="list-style-type: none"> • Maintain privacy of consumer information (compliant with HIPAA) • Share information in individual's PCP with appropriate, involved providers. • Explore and analyze strategies and technologies available to share

LTC Task Force Recommendation Strategy	Systems Transformation Grant
	<p>consumer information.</p> <ul style="list-style-type: none"> • Include consumer-completed or driven self-assessments. • Develop plan to evaluate usefulness of web based Choice Net portal. • Expand state-wide.
	<p>Goal #2, Objective #3, Strategy #1 Develop state level guidance on the Choice Voucher System and Agency with Choice models for direct employment of workers to facilitate successful participant direction.</p> <ul style="list-style-type: none"> • Identify employer options work group composed of consumers, advocates and other stakeholders. • Create new policies/protocols to manage the new options. • Develop a roll-out plan to provide consumers information on the new approaches. • Develop monitoring strategies to over-see the operations. • Provide training and information to participants and providers to support informed choices of employer options. • Develop a means by which to evaluate new employer option providers (participant survey) to ensure choice and control.
	<p>Goal #2, Objective #3, Strategy #2 Develop and disseminate state level policy guidance on Fiscal Intermediaries as employer agents for participants directly employing workers. (employer agents).</p> <ul style="list-style-type: none"> • Create new policies/protocols to manage the new options. • Develop a roll-out plan to provide consumers information on the new approaches. • Provide training and information to participants and providers to support informed choices of employer options (choices) and serve as the common-law employer. • Develop a means by which to evaluate FI option providers. (participant survey)
	<p>Goal #2, Objective #3, Strategy #3 Develop training and informational materials for participants, their allies and advocates to increase understanding of the value of and methods for directly employing workers.</p> <ul style="list-style-type: none"> • Identify members of a self-directed support work group composed of consumers, advocates and other stakeholders • Identify resources to conduct and support training activities to ensure sustainability • Investigate training methodologies? Manual? Web-based? CD? Physical Attendance? All? • Provide training • Evaluate training and techniques • Modify training approach as needed based on the evaluation

LTC Task Force Recommendation Strategy	Systems Transformation Grant
	<ul style="list-style-type: none"> • Ensure consumers/advocates drive the reviews of these activities <p>Goal #2, Objective #4, Strategy #1 Provide training and informational materials on supporting successful participant direction that address misperceptions on liability issues and describe methods for supporting participants.</p> <ul style="list-style-type: none"> • Identify members of a self-directed work group composed of consumers, advocates and other stakeholders • Identify resources to conduct and support training activities to ensure sustainability • Investigate training methodologies: Manual? Web-based? CD? Physical Attendance? All? • Provide training • Evaluate training and techniques • Modify training approach as needed based on evaluation • Ensure consumers/advocates drive the reviews of these activities
	<p>Goal #2, Objective #4, Strategy #2 Make State level policy changes that will support and remove barriers to participant direction.</p> <ul style="list-style-type: none"> • Develop strategies to eliminate barriers • Draft and submit language changes to appropriate officials • Promulgate changes • Develop a roll-out plan to inform communities of the changes • Evaluate the impact of the changes • Obtain consumer input on changes
	<p>Goal #2, Objective #4, Strategy #3 Provide state level guidance on supporting participant direction and how to address barriers</p> <ul style="list-style-type: none"> • Using the supports work group, examine other State approaches to developing and managing the support necessary to ensure the success of self direction • Draft plan to develop and implement supports for self direction including job description, minimum qualifications, training curricula and continuous monitoring strategies • Ensure consumers have a role in developing the responsibilities and activities and evaluating the effectiveness of supports brokers and other supports • Foster local mentors by creating a peer support system including training • Evaluate the effectiveness of peer supports

Recommendation #5: Support, Implement, and Sustain Prevention Activities through (1) Community Health Principles, (2) Caregiver support, and (3) Injury control, Chronic Care Management, and Palliative Care Programs that Enhance the Quality of Life, Provide Person-Centered Outcomes, and Delay or Prevent Entry in the LTC system.

LTC Task Force Recommendation Strategy	Systems Transformation Grant
<p>Develop a DCH workgroup comprised of legislators, MSA, OSA, DHS, stakeholders /consumers, and others to oversee the collaborative process involving local public health entities engaged in prevention/chronic care. Under the direction of the DCH-led workgroup, local entities will:</p> <ol style="list-style-type: none"> 1. Convene a broad-based coalition of aging, disability, and other organizations. 2. Review community resources and needs (including prevention, chronic care, and caregiver supports). 3. Identify existing local, culturally competent strategies to address prevention, chronic care needs, and substance abuse. 4. Develop and support programs to address prevention, chronic care, and caregiver supports. 5. Promote the use of culturally competent caregiver training on injury prevention, rights and benefits, and person-centered planning. 6. Develop wrap-around protocols for caregiver/consumer support needs. 7. Develop a public health caregiver support model. 8. Create initiatives and incentives to support caregivers. 9. Identify and promote the use of elements of established models for chronic care management and coordination (e.g., Wagner or ACOVE model). 10. Create incentives for implementing culturally competent chronic care models and protocols. 11. Develop and implement chronic care protocols, including, but not limited to: <ol style="list-style-type: none"> a. medication usage. b. identifying abuse and neglect, caregiver burnout/frustration. c. caregiver safety and health. 12. Promote the use of Assistive Technology (AT) for consumers and direct care workers/caregivers as a prevention tool. 	

LTC Task Force Recommendation Strategy	Systems Transformation Grant
13. Investigate grant opportunities to pilot chronic care management models.	

Recommendation #6: Promote Meaningful Consumer Participation and Education by Creating a Long-Term Care Commission and Informing the Public about the Available Array of Long-Term Care Options.

LTC Task Force Recommendation Strategy	Systems Transformation Grant
<p><u>Long Term Care Commission</u> Recommendation #6, Strategy #1 All stakeholders will have meaningful roles in the ongoing planning, design, implementation, and oversight efforts to achieve the recommendations of the Michigan Medicaid Long-Term Care Task Force and the long-term care efforts of the state. Consumers, families, and their representatives will be the principal participants.</p>	
<p><u>Public Awareness and Education Campaign</u> Recommendation #6, Strategy #2 Develop criteria for and authorize hiring of a social marketing firm to develop a marketing and public awareness campaign that includes the following components:</p> <ul style="list-style-type: none"> • Uniform identity including name and logo for the single point of entry agencies; • Public awareness campaign that includes radio and television public service announcements, print ads, brochures, and other appropriate educational materials; and • Local media and awareness tool kit that single point of entry agencies can use to outreach to and raise awareness among all stakeholders. 	<p>Goal #1, Objective #1, Strategy #1 Develop and implement a marketing and outreach campaign for people of all financial circumstances.</p> <ul style="list-style-type: none"> • Inclusive stakeholder process involving consumers, families, friends, targeted audiences. Look at age, race, payers and providers. • Develop single logo. • Identify target audiences, develop messages. • Seek promising practices for outreach and marketing. • Target marketing and outreach to hospital discharge planners and providers. • Identify regional partners to assist in developing cultural competent materials. • Outreach program to legislators. • Explore marketing campaign for LTC financial planning. • Expand marketing LTC financial planning to state-wide audience. • Develop plan for sustainability. • Develop a public information and awareness campaign template. • Conduct statewide campaign to targeted audiences.
<p>Recommendation #6, Strategy #3 Develop criteria for and authorize hiring of a web design firm and an expert in creating materials for the targeted populations (e.g., seniors and people with a variety of disabilities) to design an informative, user friendly web site that can serve as a single point of information regarding LTC in Michigan. This web site will maintain the look, name, and logos developed for the marketing and public awareness campaign. The web site will include comprehensive information on LTC, have well-developed keywords and navigation capabilities, and be linked to major search engines and other relevant web sites in a way that makes them easily accessible.</p>	<p>Goal #1, Objective #1, Strategy #2 Develop a comprehensive resource database for LTC supports and services.</p> <ul style="list-style-type: none"> • SPEs populate Service Point as data base for LTC services and resource. • Establish access and customize Community Point for public use. • Explore collaboration with 211 networks. • Develop a plan (with collaboration with 211, if available) to maintain the database. • Expand access and information on data base for statewide use.
<p>Recommendation #6, Strategy #4 Establish criteria for and authorize the development of curricula for education of professionals (including doctors, nurses, pharmacists, dentists, psychologists, administrators of LTC facilities, discharge planners, social workers, and certified nursing assistants) that can be included in academic</p>	

LTC Task Force Recommendation Strategy	Systems Transformation Grant
programs and continuing education requirements for licensing and/or certification and will be implemented over time.	
<p>Recommendation #6, Strategy #5</p> <p>Establish criteria for and authorize development of a variety of training and educational materials targeted to the specific groups described above (state employees involved in long term care, legislators and their aides, and children K-12).</p>	
	<p>Goal #1, Objective #1, Strategy #3</p> <p>Develop links to experts in the field that can provide specialized information.</p> <ul style="list-style-type: none"> • Identify organizations with expertise. • MOUs with expert organizations (Ombudsman, Alzheimer's Assn.) • Expand state-wide.

Recommendation #7: Establish a New Quality Management System.

LTC Task Force Recommendation Strategy	Systems Transformation Grant
Recommendation #7, Strategy #1 Develop and implement use of consumer experience/consumer satisfaction surveys and measurements.	
Recommendation #7, Strategy #2 Include a strong consumer advocacy component in the new system.	
Recommendation #7, Strategy #3 Review and analyze current performance measures (both regulatory and non-regulatory).	
Recommendation #7, Strategy #4 Design performance measures that move Michigan's LTC system toward this vision of quality.	
Recommendation #7, Strategy #5 Invest quality management functions in a new Long-Term Care administration. The administration would improve quality by consolidating fragmented pieces of LTC, and defining and establishing broader accountability across the LTC array of services and supports. [Section 7 of the model Michigan Long-Term Care Consumer Choice and Quality Improvement Act in the appendix discusses some of the quality management functions in detail.]	

Recommendation #8: Michigan Should Build and Sustain Culturally Competent, Highly Valued, Competitively Compensated, and Knowledgeable LTC Workforce Teams that Provide High Quality Care within a Supportive Environment and are Responsive to Consumer Needs and Choices.

LTC Task Force Recommendation Strategy	Systems Transformation Grant
Recommendation #8, Strategy #1 Develop within the Michigan Works! Agencies (MWA) network, recruitment and screening protocols and campaigns that meet the needs of employers and job seekers.	
Recommendation #8, Strategy #2 Recast the state's Work First program to recruit, screen, train, and support individuals who demonstrate the desire, abilities, and commitment to work in LTC settings.	
Recommendation #8, Strategy #3 Develop recruitment campaigns to attract men, older workers, people of diverse cultural backgrounds, and people with disabilities to long-term care careers	
Recommendation #8, Strategy #4 Mobilize state agencies' activities to include the research, exploration, explanation, and promotion of career opportunities in long-term care.	
Recommendation #8, Strategy #5 Improve and increase training opportunities for direct care workers to allow for enhanced skill development and employability.	
Recommendation #8, Strategy #6 Increase training opportunities for employers to improve supervision and create a positive work environment.	
Recommendation #8, Strategy #7 Reduce the rates of injury and exposure to hazardous materials to protect the current workforce and encourage new workers to join this workforce because of the sector's safety record.	
Recommendation #8, Strategy #8 Raise Medicaid reimbursement rates and other incentives so that the LTC workforce receives compensation necessary to receive quality care as defined by the consumer.	
Recommendation #8, Strategy #9 Expand the ability of all long-term care employers and their employees, particularly their part-time employees, to access affordable health care coverage for themselves and their families. The Department of Human Services (DHS), Michigan Department of Community Health (MDCH), Michigan Office of Services to the Aging (OSA), Department of Labor and Economic Growth (DLEG) and other state agencies should work collaboratively to identify standards and benchmarks ensuring that direct care workers are key partners and team members in providing quality care and supports	

LTC Task Force Recommendation Strategy	Systems Transformation Grant
<p>Recommendation #8, Strategy #10 Develop health professional curricula and reform current practice patterns to reflect the changing needs of the population.</p>	
<p>Recommendation #8, Strategy #11 Recognize the unique needs of the elderly; people with chronic health problems; people approaching end-of-life; people of all ages with disabilities; and those in need of rehabilitative and restorative services across LTC and acute care settings.</p>	
<p>Recommendation #8, Strategy #12 LTC administration will track employment trends, including turnover rates.</p>	

Recommendation #9: Adapt Financing Structures that Maximize Resources, Promote Consumer Incentives, and Decrease Fraud.

LTC Task Force Recommendation Strategy	Systems Transformation Grant
Recommendation #9, Strategy #1 Michigan should decouple its estate tax from the federal estate tax to make more revenue available.	
Recommendation #9, Strategy #2 Michigan should identify sources of non-federal tax revenue that are utilized to provide LTC and support services for Medicaid consumers, and create policies and procedures that will allow these funds to be used as local match to capture additional federal Medicaid dollars for long-term care and supports.	
Recommendation #9, Strategy #3 The Michigan Congressional Delegation should: a. Advocate for the removal of the congressional barrier imposed on the development of Partnership program by states between Medicaid and long-term care insurance. b. Strongly advocate that the federal government assume full responsibility for the health care needs of individuals who are dually eligible for Medicare and Medicaid. c. Urge the Congress to revise the current Federal Medical Assistance Percentage (FMAP) formula to a more just methodology using Total Taxable Resources or a similarly broader measure and to shorten the time frame from the data reporting period to the year of application.	
Recommendation #9, Strategy #4 Subject to appropriate reviews for actuarial soundness, overall state budget neutrality, and federal approvals, Michigan should establish a mandatory estate preservation program instead of establishing a traditional Medicaid Estate Recovery Program.	
Recommendation #9, Strategy #5 Legislation that promotes the purchase and retention of long-term care insurance policies and that addresses ratemaking requirements, insurance standards, consumer protections, and incentives for individuals and employers should be drafted, reviewed, introduced, and enacted after review by a representative group of consumers, advocates, and providers.	
Recommendation #9, Strategy #6 Three specific strategies aimed at increasing the number of people in Michigan who have long-term care insurance should be implemented: a) gain federal approval for the use of the Long-Term Care Insurance Partnership Programs.; b) expand the state employees' self-funded, long-term care insurance program; and c) examine the possibility of a state income tax credit for purchase and retention of long-term care insurance.	
Recommendation #9, Strategy #7 Tax credits and tax deductions for the purchase of long-term care insurance policies and for "out of pocket costs" for LTC should be considered.	
Recommendation #9, Strategy #8	

LTC Task Force Recommendation Strategy	Systems Transformation Grant
<p>A “special tax exemption” for taxpayers who provide primary care for an eligible parent or grandparent (and possibly others) should be explored. Based upon a \$1,800 exemption proposed in legislation introduced in 2005, the Senate Fiscal Agency estimates cost to the state in reduced revenue at less than \$1 million.</p>	
<p>Recommendation #9, Strategy #9 Michigan should encourage and strengthen local and regional programs that support caregivers in their care giving efforts.</p>	
<p>Recommendation #9, Strategy #10 An ongoing and centralized data collection process by DHS of trusts and annuities information should continue to be used to guide the need for state regulation.</p>	
<p>Recommendation #9, Strategy #11 There should be ongoing review and strengthening, along with strict and consistent enforcement, of laws and regulations governing the inappropriate use of trusts and annuities for Medicaid eligibility.</p>	
<p>Recommendation #9, Strategy #12 There must be more frequent, vigorous, and publicized prosecution of those who financially exploit vulnerable individuals.</p>	
<p>Recommendation #9, Strategy #13 State agencies should cooperate in discovering and combating Medicaid fraud, and recovering funds paid for inadequate care.</p>	
<p>Recommendation #9, Strategy #14 New legislation for the regulation by the state of “trust mills” and annuity companies should be enacted. This legislation should address the prevention of abusive sales tactics through the implementation of insurance industry regulations, registration of out-of-state companies, and prescreening of sales materials.</p>	
<p>Recommendation #9, Strategy #15 Appropriate state agencies should analyze and quantify the relationship between public and private resources, including both time and money, spent on LTC. This analysis should be used as a way to obtain a match for federal Medicaid dollars.</p>	
<p>Recommendation #9, Strategy #16 The state should study and pursue aggressive Medicare recovery efforts.</p>	
<p>Recommendation #9, Strategy #17 Medicaid eligibility policies should be amended to: a. Permit use of patient pay amounts for past medical bills, including past nursing facility bills. b. Require full certification of all Medicaid nursing facilities. c. Require dual certification of all nursing facilities.</p>	
<p>Recommendation #9, Strategy #18 The task force recommends full funding for an external advocacy agency on behalf of consumers accessing the array of supports and services overseen</p>	

LTC Task Force Recommendation Strategy	Systems Transformation Grant
<p>by the SPE system. Based on a conservative figure, the total budget line for this item would be \$4.3 million. Of the increase, \$2 million would be to bring the State Long-Term Care Ombudsman program into compliance with national recommendations; \$2.3 million would go to the external advocacy organization outlined in Section 8 of the Model Act.</p>	
	<p>Goal #5, Objective #1, Strategy #1 Develop analysis, planning and forecasting capacity that supports annual policy development, planning and budgeting for long-term supports.</p> <ul style="list-style-type: none"> • Use the analysis to develop a model to use to study results to forecast and develop an annual budget • Develop data analysis agenda • Identify data sources • Develop data reports • Building data reports and forecasts into annual long-term supports planning. • Develop “what if” scenarios to project alternative trend lines and develop a shared interpretation of the merits of these scenarios • Develop liaison with legislative fiscal agencies and budget office • Identify and conduct special studies to identify key predictors of successful community support for SPE consumers who are assessed at the NF level of care
	<p>Goal #5, Objective #1, Strategy #2 Establish a unified state budget appropriation line for long-term supports which is flexible and meets changing needs.</p> <ul style="list-style-type: none"> • Research methods used by states with single line items to manage their appropriation • Determine needs, costs and available resources, associated with nursing facility transition and single point of entry referrals to long term care programs. • Involve budget office staff and key legislative staff in periodic briefings of data analysis and trends lines.
	<p>Goal #5, Objective #2, Strategy #3 Develop approaches that support implementation of pilot(s) pre-paid health plan models for long-term care.</p> <ul style="list-style-type: none"> • Develop and submit a Request for Proposal • Implement prepaid long-term health plan pilots • Coordinate and transition pilots from MFP grant • Using data and outcomes from the MFP pilots, review and modify policy principles to provide a base for development of statewide prepaid long-term care health plan options of MFP and person centered planning principles